

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/6436173 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							51						
102							52						
103							53						
104	1						54						
105							55						
106							56						
107							57						
108							58						
109							59						
110							60						
111							61						
112							62						
113							63						
114	1						64						
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122	1						72						
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130	1						80						
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138							88						
139	1						89						
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142							92						
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145													
146							96						
147							97						
148							98						
149							99						
150							100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	39						TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/1643673 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												